

OCUTECH®

FIELD VIEWER / IMAGE MINIFIER / FIELD EXPANDER ORDER FORM

TUNNEL VISION

FAX: 919 967-8146

ACTION REQUESTED: Estimate Only Place Order

DATE _____

ACCOUNT NAME _____

PATIENT NAME _____

PRESCRIBER'S NAME _____

PATIENT AGE _____ M F

ADDRESS _____

PATIENT DIAGNOSIS _____

CITY _____ STATE _____ ZIP _____

P.O. NO. _____

COUNTRY _____ PHONE _____

OFFICE CONTACT _____

EMAIL ADDRESS _____

FAX _____

1 SELECT DESIRED PRODUCT

Field Viewer (FV)	<input type="checkbox"/> - 4D (.25x) Provided with neck strap and pouch Specify Quantity _____
Image Minifier 0.5x (IM)	<input type="checkbox"/> Handheld with neck strap <input type="checkbox"/> In Trial Frame Ring <input type="checkbox"/> Unmounted: Specify Quantity _____
Field Expander 0.5x (FE)	<input type="checkbox"/> Demonstrator Clip <input type="checkbox"/> Binocular <input type="checkbox"/> Monocular (works for either eye) <input type="checkbox"/> In Trial Frame Ring
	<input type="checkbox"/> Patient Clip <input type="checkbox"/> Binocular <input type="checkbox"/> Monocular: <input type="checkbox"/> OD <input type="checkbox"/> OS
InstaMount 0.5x FE	<input type="checkbox"/> Unmounted (includes 2 adhesive mounting sleeves - straight and 7 degree angle)
SightScope 0.5x FE	<input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU (Use with Ocutech Frames - select below)
Frame Mounted	<input type="checkbox"/> Image Minifier <input type="checkbox"/> Reveal Field Expander
Which eye(s)	<input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU (Specify PDs below)
What location	<input type="checkbox"/> Center of device _____ mm below top of frame (IM: minimum 13mm FE: minimum 8mm)
Frame	<input type="checkbox"/> Use Ocutech frame selected below
	<input type="checkbox"/> Specify alternate frame:

2 CARRIER LENSES

OD:	ADD	Distance PD	OD	OS
OS:	ADD	Near PD	OD	OS
Lens Type:	Material: Polycarbonate suggested	Seg. height		
Special instructions: (Tint, coatings, etc.)				

3 FRAME (Choose One Style, Frame Size, Temple Style and Length, and Color) VISIT OUR WEBSITE FOR COMPLETE SELECTION

Ocutech Unisex	Frame Size: <input type="checkbox"/> 49/18 <input type="checkbox"/> 51/18 <input type="checkbox"/> 53/18 (Available in Bronze and Silver)	<input type="checkbox"/> Gold <input type="checkbox"/> Bronze <input type="checkbox"/> Silver
Ocutech K Style	Frame Size: <input type="checkbox"/> 51/18 <input type="checkbox"/> 53/18 <input type="checkbox"/> 55/18 <input type="checkbox"/> 57/18	<input type="checkbox"/> Gold <input type="checkbox"/> Bronze <input type="checkbox"/> Silver
Ocutech Sleek	Frame Size: <input type="checkbox"/> 50/18 <input type="checkbox"/> 53/18	<input type="checkbox"/> Silver <input type="checkbox"/> Gun Metal
Temples	Skull <input type="checkbox"/> 135 <input type="checkbox"/> 140 <input type="checkbox"/> 145	Cable <input type="checkbox"/> 155 <input type="checkbox"/> 160 <input type="checkbox"/> 165
Pediatric	<input type="checkbox"/> K Style 48/18/140 <input type="checkbox"/> Unisex 47/18/140	<input type="checkbox"/> Silver <input type="checkbox"/> Bronze

4 ACCESSORIES

Slip-Behind Sun Filters (For Ocutech frames only) Gray Brown Yellow

5 SPECIAL INSTRUCTIONS:

6 AUTHORIZATION: Credit Card VISA MasterCard

Card #	Code	Exp. Date
Name on Credit Card		
Signature	Date	